./	Effective October 1, 2003 10 813, 424													
**		CLAIMS AS FILED - PART (Column 1) (Column 2)							SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY					
		TOTAL CLAIM	is . 14						RATE	FEE	٦	RATE	FEE	
		FOR		NUMBER FLED		MUMBER EXTRA		BASIC F	28 185.00	of	BASIC FE			
	TOTAL CHARGEABLE CLAIMS			14 "	14 minus 20=		· 8.		XS 9-		ОЯ	X\$18=		
		NDEPENDENT		6 minus 3 =		3		X43=	129		X86=			
	Ľ	AULTIPLE DEPE	ENDENT CLAIM	PRESENT	•				+145=		OR			
	•	* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL	 -	OA			
•	/	Column 1) (Column 2) (Column 3)							OTHER THAN					
JU.	Г	T	(Column 1)	T	(Catum	SY	(Column 3)	1	SMALL	ADDI	OR I	SWALL	ADDI-	
	AENT A		REMAINING AFTER AMENDMENT		PREVIO	USLY	PRESENT EXTRA		RATE	TIONAL: FEE		RATE	TIONAL FEE	
	ENOM	Total	1.10	Minus	- 20)	.\		X\$ 9=		ОЯ	X\$18a		
	A	Independent • Minus FIRST PRESENTATION OF MULTIPLE			EPENDENT C				, X43 <i>e</i>		ОЯ	X86=	·	
	· I	11,13			* -		لللل		+145=		OR	+290=		
					•		L	TOTAL		OR	TOTAL			
	(Column 1) (Column 2) (Column 3)										,	-CHI. FEET		
	AMENDMENT 6	0457/12	CLAIMS REMAINING AFTER AMENDMENT		MIGHE NUMBI PREVIOL PAID F	ER ISLY	PRESENT EXTRA		RATE	ADOI- TIONAL FEE		RATE	ADDI- TIONAL	
	MON	Total	· //	Minus:	- 20		. /	1	X\$ 9=	. 9	OR	X\$18=	FEE	
	AME	Independent	• 5	Minus	- 0	2	-/.		X43= ·	-/-	OR	X86=		
ľ	<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM .								-/-	OR	+290-		
	<u>C</u> i	1			•				+145= TOTAL DOT, FEE	/	~~ L	TOYAL		
. ,	7	(Cotumn 1) (Cotumn 2) (Cotumn 3)									*** A	DOM. FEEL		
.	MENTC	06/4/8	CLAIMS REMAINING AFTER AMENOMENT		HEGHES HUMBE PREVIOUS PAID FO	A SLY	PRESENT EXTRA	[RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	ENDE	Total	• //	Minus	- 10		- /	1	X\$ 9=	7	DR	X\$18-		
	3 L	Independent		Minus	- 6	,]	• /	\vdash	X49=	-/-		XB6-		
I		FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								-/- -l'	OR -	-		
	- H	the entry in column	e entry in column 1 is loss than the entry in column 2, suche "0" in column 3. • Tighest Manber Previously Paid For" IN THIS SPACE is less than 20, enter "20."						145= 101AL	/	Ľ	+290-		
		PACE POSTRESS PACE	ther Previously Paid or Previously Paid	d For IN The	COACE In In	ee Oraa	3		IN THE L			XOIT. FEEL		
Ļ	_ •	PTD-073 GRay LOS									٠			

Application or Docket Number